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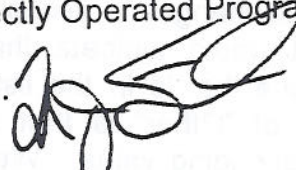
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October 23, 2006

TO: Executive Directors, Mental Health Contract Providers
Program Heads, DMH Directly Operated Programs

FROM: Marvin J. Southard, D.S.W.
Director of Mental Health 

SUBJECT: **CHANGES TO CLIENT AND SERVICES INFORMATION (CSI)**

Recently your staff has been participating in a series of training sessions designed to ensure understanding of changes to the Integrated System (IS) 2.0. Following these sessions, many of you have expressed concern about the new data elements that will be collected by the system. The purpose of this letter is to explain the need for these new data elements and to identify the best ways to further explore their meaning and use.

The State Department of Mental Health (SDMH) has mandated collection of all of the new data in IS 2.0 as part of the Client and Services Information System (CSI) reporting requirement. The additions are described in SDMH letter, "DMH Information Notice NO.: 06-02". (See Attachment 1.)

A few of the changes originate in the Mental Health Services Act, which requires new information on place of service, special populations, and trauma. The remaining changes originate in federal law, particularly, Sections 1971 of the Public Health Service Act (42 U.S.C.300y) and 520A of the Public Health Service Act, as amended. The purpose of the federal mandates is to create a national data infrastructure and Uniform Reporting System (URS) for mental health services. The new CSI system, as implemented by SDMH and IS 2.0, substantially complies with the federal mandates for uniform reporting. Some of the federal requirements do not change the way LACDMH is collecting this information from its providers. More specifically, DMH is currently reporting diagnosis, preferred language and the Medi-Cal CIN in the manner in which the State is expecting to receive it via CSI. However, the IS 2.0 screens were modified to collect recent changes to State requirements for reporting ethnicity and race, Evidence-Based Practices and service strategies (a broader set of defined activities that do not meet the required definitions for any Evidence-Based Practice).

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CHANGES TO CLIENT AND SERVICES INFORMATION (CSI)

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We regret any confusion or anxiety you have experienced on this subject during our rollout of IS 2.0. It is important to recognize that DMH and SDMH are collecting these data for reporting purposes as required by the federal government, and that any uses of them for future work on improving the quality of our system of care in the Los Angeles area will be the subject of highly collaborative and systematic efforts involving all our stakeholders. We continue to look forward to working with you on that goal.

One of the most difficult changes to accept is the absence of a value such as "Other EBP" that would indicate that the service is an EBP or component, but not one that is in the list. The reason SDMH has not provided for a value of "Other" is that the federal Uniform Reporting System has no corresponding value. We are conforming to the SDMH data mandate.

We hope the enclosed materials will help you understand the details. We are currently working on setting up appropriate help screens and staff to support the ongoing reporting as questions arise during operation. Enclosed are:

1. State DMH Letter 06-02, which describes the mandatory data changes (Attachment 1).
2. A document summarizing the meaning of the terms used in the IS 2.0 to identify evidence based practices (Attachment 2).

In addition, the Department is in the process of rolling out training for clinical staff in order to ensure understanding of the new fields – including how to report evidence-based practices and strategies.

I hope that understanding the mandates underlying our system changes and the upcoming trainings will prove helpful to you.

MJS:RK:sd

Attachments

cc: Executive Management Team
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DonnaKay Davis
Norma Fritsche
Martha Drinan
Judith Weigand
Bruce Saltzer
District Chiefs